

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 28, 2007
Secretary of State

DOCUMENT# N06000008908

Entity Name: PROTECT OUR WATERS AT ROUSSEAU INC.**Current Principal Place of Business:**6439 W. RIVERBEND ROAD
DUNNELLON, FL**New Principal Place of Business:****Current Mailing Address:**6439 W. RIVERBEND ROAD
DUNNELLON, FL**New Mailing Address:****FEI Number:** 43-2057305**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FIELD, LEONA C
6439 W. RIVERBEND ROAD
DUNNELLON, FL US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: FIELD, LEONA C
Address: 6439 W. RIVERBEND ROAD
City-St-Zip: DUNNELLON, FL**Title:** T () Delete
Name: SEEDERS, SANDRA
Address: 6965 W. RIVERBEND ROAD
City-St-Zip: DUNNELLON, FL**Title:** V () Delete
Name: CLODWICK, SANDRA
Address: 12915 N. EDGEWATER DR
City-St-Zip: DUNNELLON, FL 34433**Title:** S () Delete
Name: BAKER, BOB
Address: 12805 N. RIVER GARDEN DRIVE
City-St-Zip: DUNNELLON, FL 34433**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: VANN, BILLY
Address: 12751 N RIVER GARDEN DR
City-St-Zip: DUNNELLON, FL 34433**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY VANN

T

09/28/2007

Electronic Signature of Signing Officer or Director

Date